

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/934263

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9	1						59						
10	1						60						
11		1					61						
12		1					62						
13		1					63						
14	1						64						
15	1						65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21							71						
22							72						
23							73						
24							74						
25	1						75						
26	1						76						
27							77						
28							78						
29							79						
30							80						
31		1					81						
32	1						82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	19						TOTAL DEP.						
TOTAL CLAIMS	29						TOTAL CLAIMS						